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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***None - *CK***\*\* FOREIGN APPLICATIONS \*\*\*\*\***None - *CK***IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

04/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>CK</i> Examiner's Signature _____ Initials _____				

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**TITLE**

VPAC1 selective antagonists and their pharmacological methods of use

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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